|  |   |   |                                       |                       |                                 |                                      |       | Application or Docket Number |                |                        |               |                     |                        |
|--|---|---|---------------------------------------|-----------------------|---------------------------------|--------------------------------------|-------|------------------------------|----------------|------------------------|---------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000 |   |   |                                       |                       |                                 |                                      |       |                              | 1              | 099                    | Pl            | 973                 | 5                      |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN                       |   |   |                                       |                       |                                 |                                      |       |                              |                |                        |               |                     |                        |
| (Column 1) (Column 2)  |   |   |                                       |                       |                                 |                                      |       | SMALL<br>TYPE                |                |                        | OR            | SMALL               |                        |
| TOTAL CLAIMS   |   |   | 39                                    | 7                     |                                 |                                      |       | RATI                         | Ε              | FEE                    |               | RATE                | FEE                    |
| FOR .  |   |   | NUMBER FILED                          |                       | NUMBER EXTRA                    |                                      |       | BASIC                        | FEE            | 355.00                 | OR            | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | 7 min                                 | us 20=                | . 19                            |                                      |       | X\$ 9=                       |                |                        | OR            | X\$18=              | 342                    |
| INDEPENDENT CLAIMS   |   |   | 4 mir                                 | nus 3 =               |                                 |                                      |       | X40=                         |                |                        | OR            | X80=                | 80                     |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                               | RESENT                                |                       |                                 |                                      |       | +135=                        |                |                        | OR            | +270=               |                        |
| • If   | the difference  | in column 1 is                              | less than zero, enter "0" in column 2 |                       |                                 |                                      |       | TOTAL                        |                |                        | OR            | TOTAL               | 1/37                   |
| CLAIMS AS AMENDED - PART II  |   |   |                                       |                       |                                 |                                      |       | 1017                         | ,- [           |                        | 1011          | OTHER               | THAN                   |
|  |   | (Column 1)                                  |                                       | (Column 2) (Column 3) |                                 |                                      |       | SMALLE                       |                | ENTITY                 | OR            | SMALL               | H                      |
| NT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                     | ,     | RAT                          | Ε              | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
| MOI  | Total   | . 39  | Minus                                 | (                     | 39                              | =                                    | -     | X\$ 9                        | )=             |                        | OR            | X\$18=              |                        |
| AMENDMENT  | Independent   | • 4   | Minus                                 | ***                   | 4                               | =                                    |       | X40                          | =              |                        | OR            | X80=                |                        |
|  | FIRST PRESE   | ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                       |                       |                                 |                                      |       |                              |                |                        |               | +270=               |                        |
|  |   | ,   |                                       |                       |                                 |                                      |       | +135                         | )=<br>TAL      |                        | OR            | TOTAL               |                        |
|  | •   |   |                                       |                       |                                 |                                      |       |                              | FEE            |                        | OR ADDIT. FEE |                     |                        |
|  | •   | (Column 1) CLAIMS                           |                                       |                       | <u>ımn 2)     </u><br>HEST      | (Column 3)                           | 4     |                              |                | ADDI-                  |               |                     | ADDI-                  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT             |                                       | PREV                  | MBER<br>IOUSLY<br>D FOR         | PRESENT<br>EXTRA                     |       | RAT                          | E              | TIONAL<br>FEE          |               | RATE                | TIONAL<br>FEE          |
|  | Total   | . 39  | Minus                                 | •• (                  | <i>39</i>                       | =                                    | -     | _X\$ 9                       | <del>}</del> = |                        | OR            | X\$18=              |                        |
| AME  | Independent   | . 4   | Minus                                 | ***                   | 4                               |                                      | 1     | X40                          | =              |                        | OR            | X80=                |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                                       |                       |                                 |                                      |       | +139                         | 5 <b>=</b>     |                        | OR            | +270=               |                        |
|  |   |   |                                       |                       |                                 |                                      |       |                              | TAL<br>FEE     |                        | OR            | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                       |   |   |                                       |                       |                                 |                                      |       |                              | FEE            | <del></del>            | -             | AUDII. FEE          |                        |
| AMENDMENT C  | ٠   | CLAIMS REMAINING AFTER AMENDMENT            |                                       | HIG<br>NU!<br>PREV    | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA                     |       | RAT                          | Ε              | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>EDMI</b>  | Total   | . 39  | Minus                                 | (                     | 39                              | =                                    | +     | X\$ 9                        | )=             |                        | OR            | X\$18=              |                        |
| ME   | Independent   | . 4   | Minus                                 | ***                   | 4                               | =                                    | 1     | X40                          |                |                        | 1             | V00                 | -                      |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |   |                                       |                       |                                 |                                      |       |                              | -              | <u> </u>               | OR            | <b></b>             | -                      |
|  | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                                       |                       |                                 |                                      |       |                              |                |                        | OR            | +270=               |                        |
| ::.  | If the "Highest Nu<br>If the "Highest Nu  | mber Previously P                           | aid For IN THI<br>Paid For IN THI     | S SPACE               | is less that<br>is less that    | an 20, enter "20<br>an 3, enter "3." |       | ADDIT.                       |                |                        | OR            | TOTAL<br>ADDIT. FEE |                        |
|  | The "Highest Nun  | nber Previously Pa                          | id For" (Total o                      | r Indepen             | ident) is th                    | e highest numb                       | oer f | ound in th                   | ю ар           | propriate bo           | x in c        | olumn 1.            |                        |